

who will now have access to the health care they so vitally need, why they oppose this legislation. These Members need to explain why it's okay that we can provide tax breaks to millionaires but can't afford the less than \$3.50 a day it takes to cover a child through CHIP.

If we do not pass this bill, children in my district will lose health coverage and families may have to face the consequences of medical debt, and we've seen it all too often lead to bankruptcy and foreclosure. That's unacceptable to me and my constituents.

On Medicare, Madam Speaker, the CHAMP Act also makes significant improvements toward improving benefits and limiting premium increases for beneficiaries. More than 202,000 Medicare beneficiaries in Ohio will be assured that their out-of-pocket costs for prescription drugs will not rise, and almost half a million beneficiaries in my home State with incomes under 150 percent of the poverty level will receive assistance with copayments and deductibles, as well as prescription drug costs.

Madam Speaker, I do have some concerns regarding changes in the Medicare policy on the purchase of power wheelchairs and the effect that this will have on Medicare beneficiaries with long-term debilitating conditions. But while I certainly support the overall bill, I hope that we can address this issue in conference or in some other matter in the near future to ensure people are not hurt.

I strongly support the rule and the underlying legislation.

Mr. SESSIONS. Madam Speaker, at this time, I ask unanimous consent that, as a result of the large number of Members who are coming down to speak, as a courtesy to these Members, that we would add 10 minutes to each side for debate.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

Ms. CASTOR. I object.

The SPEAKER pro tempore. Objection is heard.

Mr. SESSIONS. Do not want to talk further on this bill from the new Democrat majority.

Madam Speaker, at this time I yield 1½ minutes to the gentleman from Brighton, Michigan (Mr. ROGERS).

Mr. ROGERS of Michigan. Madam Speaker, I think the thing that surprises me the most on this is the lack of honesty on this bill, and I think to the credit of many of my friends on the other side of the aisle, I don't think you've been told what's in this bill.

This isn't about poor, uninsured children. My dad used to say, if a salesman comes to you and talks about the needs of his kids before he talks about the quality of his product, beware; you're getting sold a bill of goods.

That's exactly what has happened today and in the previous days and why they don't want to talk about the bill, why they don't want amendments.

Why? It's the single largest cut in Medicare's program history. You are cutting Medicare to millions of seniors. I wouldn't want to talk about it either.

And what else are you doing? You're cutting stroke victims when they're in in-patient rehab. Stroke victims, our seniors, are going to cut that. Doctors, you're cutting doctors. You're cutting oxygen equipment and wheelchair services to seniors. You're cutting seniors' home health care. You're cutting hospital payments. You're cutting skilled nursing care for the sickest seniors in nursing homes. You're cutting dialysis services for kidney cancer patients. You're cutting imaging services for cancer and cardiac patients.

You're telling businesses we're going to make it more expensive for you to give health care to the working poor.

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You are doing that in this bill. I bet many of you don't even know that. You are also telling seniors, by the way, once we slash the largest in history amount of money out of Medicare, your part B premiums are going up. We're going to make it more expensive for you. Less doctors taking Medicare patients, higher small business costs, higher Medicare premiums, not one dollar for the 700,000 under 200 percent of poverty who need our help.

Shame on you.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded, when their time is expired, they should cease.

Ms. CASTOR. Madam Speaker, I include for the RECORD the endorsement letter of our actions today by the AARP.

AARP,

Washington, DC, July 31, 2007.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: AARP strongly supports the Children's Health and Medicare Protection (CHAMP) Act (H.R. 3162). This well-balanced, fiscally responsible legislation addresses several priority issues for AARP's nearly 39 million members and their families. The legislation provides needed assistance to low-income Medicare beneficiaries; helps to ensure that beneficiaries maintain access to physicians; protects beneficiaries from significant additional increases in the Part B premium; covers millions of children in working families that cannot afford health insurance on their own; and includes additional changes that will improve the quality and efficiency of our nation's health care system.

HELPING LOW-INCOME MEDICARE BENEFICIARIES

The CHAMP Act will help more low-income Medicare beneficiaries with Part D drug costs and cost sharing in traditional Medicare by raising asset limits and streamlining requirements for the Part D Low Income Subsidy (LIS), and improving the Medicare Savings Programs (MSP) that assist lower income Medicare beneficiaries with premiums and cost-sharing in traditional Medicare.

Raising Part D asset limits to \$17,000 for individuals and \$34,000 for couples closes the coverage gap ("doughnut hole") and helps pay premiums and copays for more low-in-

come beneficiaries who did the right thing by saving a small nest egg for retirement. We should encourage people to save for retirement, not penalize those low-income savers with an asset test. Further raising the limits in subsequent years will ensure that more lower income beneficiaries have access to this needed subsidy.

Streamlining the LIS application by removing difficult and invasive questions—such as the cash value of life insurance and in-kind support—and aligning MSP rules with the LIS criteria, further reduces unnecessary barriers to valuable assistance for those who need it most.

HELPING TO MAINTAIN PHYSICIAN ACCESS AND KEEP MEDICARE AFFORDABLE FOR ALL BENEFICIARIES

The CHAMP Act helps ensure that beneficiaries maintain access to physicians. It also protects all Medicare beneficiaries from additional premium hikes associated with physician payment changes by reducing other Part B spending, including excess payments to private Medicare Advantage plans. Part B premiums have more than doubled since 2000, and this legislation strikes a balance between maintaining affordability for beneficiaries and ensuring that they are able to obtain physician services.

ENSURING MEDICARE TRUST FUND DOLLARS ARE SPENT WISELY

The CHAMP Act seeks to restore the balance between the traditional Medicare and Medicare Advantage program. AARP supports a genuine choice of Medicare coverage options for beneficiaries. But the Medicare Payment Advisory Commission has reported that Medicare Advantage plans are paid, on average, 12 percent more than traditional Medicare. This payment disparity is unfair to all taxpayers, as well as the vast majority of beneficiaries in traditional Medicare who pay higher premiums, who subsidize these excess payments. According to actuaries at the Centers for Medicare and Medicaid Services, these excess payments shorten the life of the Medicare Part A Trust Fund by two years.

AARP supports a level playing field between traditional Medicare and Medicare Advantage plans. Excess payments to MA plans should be phased out while protecting beneficiaries from disruptions during the transition period. Well-run managed care plans can continue to use provider networks, care coordination, and evidence-based practices to control costs while improving quality. The CHAMP Act helps to improve quality in Medicare Advantage by providing new beneficiary protections and requiring all types of plans—including private fee for service plans—to be subject to the same rules.

STRENGTHENING MEDICARE FOR THE FUTURE

The CHAMP Act helps to strengthen Medicare for both current and future beneficiaries by:

Expanding Medicare coverage and eliminating cost sharing for evidence-based prevention services to promote more cost-effective efforts to keep people healthy, rather than high-cost treatments once people suffer from preventable conditions.

Bringing parity to Medicare cost sharing requirements for mental health outpatient services.

Expanding demonstration projects to provide Medicare beneficiaries with a "medical home" in physician offices that can help coordinate their care to improve quality and efficiency while encouraging participation by reducing cost sharing responsibilities.

PROVIDING HEALTH COVERAGE TO MORE LOW-INCOME CHILDREN

The CHAMP Act strengthens the State Children's Health Insurance Program